

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,301

FILING DATE

12-12-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8		2				
9		2				
10	1					
11		1				
12		2				
13		2				
14	1					
15		1				
16		2				
17		2				
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25	1		1			
26		1		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		2		1		
32	1		1			
33		1		1		
34		2		1		
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36		2		1		
37		2		1		
38		2		1		
39	1		1			
40		1		1		
41		2		1		
42		2		1		
43			1			
44				1		
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.	9	↓	6	↓		↓
TOTAL DEP.	57	←	24	←		←
TOTAL CLAIMS	66		30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

24x2